

1DSHS 10-272 (REV. 09/2006)

**COPIES TO:** MH Case Manager; MH Crisis Team; Care Provider; DDD Case Manager; DDD MH Resource Manager

Legal:

Other:

**IN THE FOLLOWING SECTION, DESCRIBE HOW THE CLIENT TYPICALLY PRESENTS AND/OR FUNCTIONS**

Communication style (primary language, preferred modes, expressive, and receptive ability):

Strengths/skills/interests (interpersonal, social, self care, other):

Typical sleep patterns:

Typical daily activities:

Capacity to handle stress/change:

Interventions that work:

Interventions to avoid:

HIERARCHY OF BEHAVIORS SECTION	
SYMPTOMS OF INCREASED DIFFICULTY OR DISTRESS RANKED IN SEQUENCE	INTERVENTIONS (INCLUDE CONTACT NAMES AND TELEPHONE NUMBERS)
Stage description  Possible causes/triggers	
Stage description  Possible causes/triggers	
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## CROSS SYSTEM CRISIS PREVENTION AND INTERVENTION PLAN SIGNATURE PAGE

SIGNATURE	DATE	PRINTED NAME	TELEPHONE NUMBER
LEGAL REPRESENTATIVE			
FAMILY MEMBER			
FAMILY MEMBER			
RESIDENTIAL PROGRAM REPRESENTATIVE			
RESIDENTIAL PROGRAM REPRESENTATIVE			
DDD CASE RESOURCE MANAGER			
MENTAL HEALTH CASE MANAGER			
MH CRISIS TEAM MEMBER			
VOCATIONAL PROGRAM REPRESENTATIVE			
OTHER (STATE ROLE)			
OTHER (STATE ROLE)			
OTHER (STATE ROLE)			
OTHER (STATE ROLE)			